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PTO/SB/PT 11-10

16 MAY 2005

Approved for use through 11/30/2005. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|-------------------------------|-------------------------------------------------------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | SCOTT ALLAN KENDALL ET AL. |
| Title | METHODS FOR CONTROLLING APPARATUS HAVING AN EMERGENCY ALERT FUNCTION |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | PU020462 |

I hereby appoint:

☒ Practitioners at Customer Number
OR

Customer Number 24498

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:.

OR

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☐ Firm or
Individual Name

Address THOMSON LICENSING INC.

Address

City

State

ZIP

Country

Telephone

609-734-6811

Fax

609-734-6888

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

HARVEY D. FRIED, REG. NO. 28,298

Signature

Date

12 May 2005

Telephone

609-734-6811

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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THOMSON LICENSING S.A.**

We,

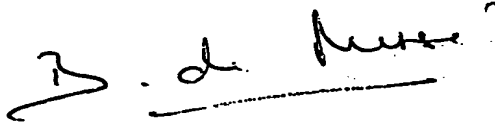
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Joseph S. Tripoli
Senior Vice President
Thomson Licensing Inc.
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Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this 15 day of March, in the year 2004.



SIGNED

POWER OF ATTORNEY
THOMSON LICENSING S.A.

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does hereby grant:


Joseph J. Laks - Vice President
Irwin M. Krittman - Vice President
Harvey D. Fried - Manager
Ronald H. Kurdyla - Manager
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DATED this 17th day of March, 2004.

SIGNED



Joseph S. Tripoli
Sr. Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON Licensing S.A.

WITNESS



POWER OF ATTORNEY
THOMSON LICENSING S.A.

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France

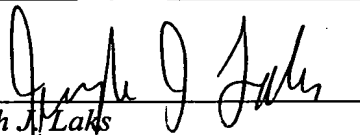
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DATED this 17 day of March, 2004.

SIGNED


Joseph J. Laks
Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON Licensing S.A.

WITNESS

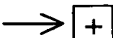
David Fournier

EXPRESS EV 36539723245

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16 MAY 2005

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☒ Declaration
Submitted
With Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

PU020462

First Named Inventor

Kendall

COMPLETE IF KNOWN

Application Number

/

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHODS FOR CONTROLLING APPARATUSES HAVING AN EMERGENCY
ALERT FUNCTION**

the specification of which

(Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

Nov. 13, 2003

as United States Application Number or PCT International

Application Number

PCT/US03/36332

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) Country | Priority Not Claimed | Certified Copy Attached? | |
|----------------------------------------|---------|---------------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 60/426,951 | 15 November 2002 | |
| 60/426,644 | 15 November 2002 | |
| 60/426,645 | 15 November 2002 | |

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label | | | | OR <input checked="" type="checkbox"/> Correspondence address below | |
| Name | | JOSEPH S. TRIPOLI | | | |
| Address | | THOMSON LICENSING INC. | | | |
| Address | | Two Independence Way | | | |
| City | | State | | ZIP | |
| PRINCETON | | NJ | | 08540 | |
| Country | | Telephone | | Fax | |
| USA | | 609 734 6834 | | 609 734 6888 | |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p> | | | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name | | Family Name or Surname | | | |
| SCOTT ALLAN | | KENDALL | | | |
| Inventor's Signature <i>[Signature]</i> | | | | Date 4/21/05 | |
| Residence: City | | State | | Country | |
| WESTFIELD | | INDIANA | | US | |
| Citizenship | | US IN. | | | |
| Mailing Address | | | | | |
| 318 MCINTOSH LANE | | | | | |
| City | | State | | ZIP | |
| WESTFIELD | | INDIANA | | 46074 | |
| Country | | US | | | |
| NAME OF SECOND INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name | | Family Name or Surname | | | |
| JOHN DOUGLAS | | MERRELL | | | |
| Inventor's Signature <i>[Signature]</i> | | | | Date 4-21-05 | |
| Residence: City | | State | | Country | |
| NOBLESVILLE | | IN | | US | |
| Citizenship | | US | | | |
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| City | | State | | ZIP | |
| NOBLESVILLE | | IN | | 46060 | |
| Country | | US | | | |
| <input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | |

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1**

| | | | |
|-----------------------------------------------------|---------------|-------------------------------------------------------------------------------|-----------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| SAI KIAT | | KWAN | |
| Inventor's Signature <i>Chun Kwan Day</i> | | Date E | |
| Residence: City SINGAPORE | State INDIANA | Country SINGAPORE | Citizenship SINGAPORE |
| Mailing Address | | | |
| Mailing Address 8, JURONG TOWN HALL ROAD # 28-94/06 | | | |
| City SINGAPORE | State | ZIP 609434 | Country SINGAPORE |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| MICHAEL ALAN | | BRIDGE | |
| Inventor's Signature <i>Michael Alan Bridge</i> | | Date 19-DEC-2003 | |
| Residence: City NOBLESVILLE | State IN | Country US | Citizenship US |
| Mailing Address | | | |
| Mailing Address 8905 PROVIDENCE DRIVE | | | |
| City NOBLESVILLE | State IN | Zip 46060 | Country US |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | Zip | Country |

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